

FD000003598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

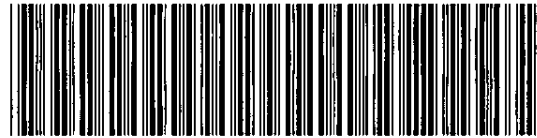
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TO ADMINISTRATIVE
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2014 MAR 31 PM 4:21

RECORDED
& INDEXED
MAR 31 2014

FILED

14 MAR 31 PM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WJO
APR 01 2014
R. WHITE



ACCOUNT NO. : I20000000195

REFERENCE : 040630 4392992

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : March 4, 2014

ORDER TIME : 2:50 PM

ORDER NO. : 040630-015

CUSTOMER NO: 4392992

FOREIGN FILINGS

NAME: STRATEGIC HEALTH ALLIANCE
MANAGEMENT CORP.

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Susie Knight - EXT# 52956

EXAMINER: _____

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

Strategic Health Alliance Management Corp.

(Name of Corporation)

F00000003598

(Document Number of Corporation (if known))

Ohio

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:


One Post Street

(Mailing Address)

San Francisco, CA 94104

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.


(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Willie Bogan

(Typed or printed name of person signing)

3/20/14
(Date)

Vice President

(Title of person signing)

FILING FEE \$35

FILED
MAR 31 AM 11:39
TALLAHASSEE, FLORIDA